



## Newton Parks & Recreation - summer programs in association with Thundercat Sports



PROGRAM (circle choices)	DATES	TIME	AGES	LOCATION	ADDRESS	PRICE
<b>Sports Jam</b>	6/17 - 6/21	9a - 3p	7 - 12	Pelligrini Park	11 Hawthorn St	\$185
<b>Sports Jam</b>	6/24 - 6/28	9a - 3p	7 - 12	Pelligrini Park	11 Hawthorn St	\$185
<b>3-Sport - basketball, soccer &amp; dodge ball*</b>	7/1 - 7/5*	9a - 3p	7 - 12	Pelligrini Park	11 Hawthorn St	\$145
<b>Soccer</b>	7/8 - 7/12	9a - 3p	7 - 12	Forte Park	233 California St	\$195
<b>Flag Football</b>	7/15 - 7/19	9a - 3p	7 - 12	Forte Park	233 California St	\$195
<b>Sports Jam</b>	7/22 - 7/26	9a - 3p	7 - 12	Pelligrini Park	11 Hawthorn St	\$185
<b>Basketball</b>	7/29 - 8/2	9a - 3p	7 - 12	Pelligrini Gym	11 Hawthorn St	\$195
<b>Sports Jam</b>	8/6 - 8/10	9a - 3p	7 - 12	Pelligrini Park	11 Hawthorn St	\$185
<b>Dodgeball &amp; Sports</b>	8/12 - 8/16	9a - 3p	7 - 12	Pelligrini Park	11 Hawthorn St	\$185
<b>Sports Jam</b>	8/19 - 8/23	9a - 3p	7 - 12	Pelligrini Park	11 Hawthorn St	\$185

\*7/1 week (3-Sport) is a 4 day program skipping 7/4.

**\*\*PLEASE NOTE - in order to register you must also submit current immunizations of participant and proof of physical within the last 2 years. Please send all paperwork to Newton Recreation.\*\***

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Parental Consent Release From Liability and Indemnity for participation in the P&R/Thundercat Sports Clinics:** I/We, the undersigned father and mother, or guardian(s) of \_\_\_\_\_ a minor, do hereby consent to his/her participation in, the Newton Parks and Recreation Department and Thundercat Sports Clinics. I/We forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts and its successors, departments, officers, employees, servants and agent, of and from any and all actions, caused of action, claims, demands, damages, cost, loss of services, expenses and compensation on account of, or in anyway growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/We may now or hereafter have as the parent(s) of or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in the Thundercat Sports Clinics. FURTHERMORE, I/We hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of, or resulting from, injury to said minor in connection with his/her participation in the Thundercat Sports Clinic and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in the Thundercat Sports Clinic Program. THIS FORM MAY NOT BE ALTERED.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**REGISTRATION:** ☐ Check included (made out to city of Newton) ☐ Please charge my credit card \_\_\_\_ Visa \_\_\_\_ MasterCard

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ DO NOT FORGET TO INCLUDE COPIES OF IMMUNIZATIONS AND PROOF OF PHYSICAL WITHIN THE LAST 2 YEARS.

**Online:** www.activityreg.com **Mail:** Newton Parks & Recreation: 124 Vernon St, Newton, MA 02458 **Phone:** 617-796-1500

This camp must comply with regulations of the MA Department of Public Health and be licensed by the local board of health.

# SKILLS, SPORTSMANSHIP, TEAMWORK, FUN!

# Thundercat Sports – Health Form



## PART 1: TO BE COMPLETED BY A PARENT

Town:	Sport:	Dates:
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Camper:	Birth Date:	Sex:	Age:
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Camper's Current School:	Location of School:
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Parent or Guardian:
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Street/Town/Zip:	Phone #
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Business or Day Phone #	Cell or Pager #
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Second Parent or Guardian:
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Street/Town/Zip:	Phone #
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Business or Day Phone #	Cell or Pager #
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If not available in an emergency, notify	Name & Relationship:	Phone #	Cell #
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### Health History: Please circle all that apply to your child.

Diabetes	Bleeding/Clotting Disorders	Frequent Ear Infections
Heart Defect/Disease	Asthma	Severe case of Poison Ivy
Seizures	Migraines	Fainting

### Allergies: Please circle all that apply to your child.

Medication	Environmental	Food
Insect bites or bee stings	Seasonal	Other
Additional information on allergies:		
Does your child have a prescription for an Epi-pen for any of the above checked allergies:		

Recent Operations or serious injuries (Dates):
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Chronic or recurring illness:
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Name of child's physician:	Phone #
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Name of child's dentist:	Phone #
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Do you carry family medical/hospital insurance:	Carrier:	Policy or Group #
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Is there any other health related information that should be shared with appropriate staff members:
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**Parent's or Guardian's Authorization:** This health history is correct as far as I know, and the child herein described has permission to engage in all camp activities except as noted by me or the examining physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of my child. If deemed medically necessary to hospitalize my child, I hereby give permission to the physician to secure proper treatment, to order injections and/or anesthesia and/or surgery for my child named above. I give permission to the camp nurse to share my child's health information with appropriate camp staff members, as deemed necessary. I also give permission to photocopy this form to bring along on camper field trips.

**Parent or Guardian Signature**\_\_\_\_\_ **Date** \_\_\_\_\_

**Please notify Thundercat Sports if this camper is exposed to any communicable disease during the three weeks prior to her or his camp attendance.**

**Authorization to Administer Medication**

Medications to be taken during program hours or on an as needed basis:

**Name(s):** \_\_\_\_\_

**Diagnosis (at parent discretion):** \_\_\_\_\_

**Name of medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_

**Route of administration:** \_\_\_\_\_

**Frequency & time(s) to be given:** \_\_\_\_\_

**Side effects/Special precautions:** \_\_\_\_\_

**Specific directions (e.g., on empty stomach/water):** \_\_\_\_\_

**Special storage requirements:** \_\_\_\_\_

I hereby give my permission for Thundercat Sports Staff to administer above medication(s) to my son/daughter

(Name)\_\_\_\_\_

I understand that all medications, prescription and/or over-the-counter, must be in their original containers, must be labeled, and have specific directions for use on the label. A prescription medication must include the prescription number, medication name, date filled, child's name, doctor's name, pharmacy name, and have the expiration date noted.

**PARENT/GUARDIAN:**\_\_\_\_\_ **DATE:**\_\_\_\_\_

**PART 2 (immunization history): TO BE COMPLETED BY A LICENSED PHYSICIAN.**

**Camper must have physical exam within 24 months of attendance at camp.**

Please attach immunization history with recorded dates (month & year) and most recent booster doses:

DPT (Diphtheria, Pertussis, Tetanus)	TD (Tetanus, Diphtheria)	Polio	MMR (Measles, Mumps, Rubella)	Measles, 2nd shot required
Chicken Pox	Tuberculin test	HB (Haemophilus influenza)	Hepatitis B	Other

Does the participant have any health issues that may restrict him/her from participating in any recreation activities? If yes, please describe:

**Immunization records must be signed and dated by licensed physician.**